

D.O. A 10/08/24

D.O.D 11/08/24 at 6pm

11 Floor

4/10 55

**Medway JSP Hospitals**  
The way to better health  
(A Unit of United Alliance Health)

**BILLING CARD**

Patient Name Mr. PREMCHANDHAR  
34/Male/MIIC202470969  
10/08/2024/TPC2024602168

hanchan 34/MD.O.A. 10/08/24 Time 04:13 AM

IP No. \_\_\_\_\_ Dr. ARTIII

Room No. \_\_\_\_\_

Rent Per Day 1500/-**TRANSFER DETAILS**

| Date    | Time     | From                  | To         | Nurse's Signature |
|---------|----------|-----------------------|------------|-------------------|
| 10/8/24 | 10:15 AM | 59 <sup>th</sup> Ward | 55 Non Alc | A. Manu           |
|         |          |                       |            |                   |
|         |          |                       |            |                   |
|         |          |                       |            |                   |
|         |          |                       |            |                   |
|         |          |                       |            |                   |

**OPERATION THEATRE**

|                   |   |                                        |   |
|-------------------|---|----------------------------------------|---|
| Date              | : | OT No.                                 | : |
| Surgeon           | : | Start Time                             | : |
| I Asst. Surgeon   | : | End Time                               | : |
| II Asst. Surgeon  | : | Dis. Pack                              | : |
| III Asst. Surgeon | : | Diathermy                              | : |
| Anaesthetist      | : | C-Arm                                  | : |
| OT Nurse          | : | Arthroscopy                            | : |
| Name of Surgery   | : | Laproscopy                             | : |
|                   |   | Sevoflurane / Isoflurane               | : |
|                   |   | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : |
|                   |   | Others                                 | : |

**MONITOR****INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

**OXYGEN****SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

**ALPHA BED****SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |



## OPERATION THEATRE

|                     |                            |
|---------------------|----------------------------|
| Date :              | OT. No. :                  |
| Surgeon :           | Start Time :               |
| I Asst. Surgeon :   | End Time :                 |
| II Asst. Surgeon :  | Dis. Pack :                |
| III Asst. Surgeon : | Diathermy :                |
| Anaesthetist :      | C-Arm :                    |
| OT Nurse :          | Arthroscopy :              |
| Name of Surgery :   | Laproscopy :               |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

Date

### LABORATORY

10/8/24 CBC, LFT, urea, creatine, electrolytes  
Amylase, Lipase → 9929

10/8/24 urine Routine → 9965

